

Atlanta Police Department

Supervisor's Use of Force Incident Supplement Form

Control Number:

Officer's Name (Last)	First	MI	Unique ID	Incident/CICA Number
Initial Signal on call?	Division	Section	Unit/Watch	Initial Signal on call?

Force Used

Method of Force Used:	<input type="checkbox"/> Physical Force Firearm	<input type="checkbox"/> OC	<input type="checkbox"/> ASP	<input type="checkbox"/> Other (describe):		
Were any other officers involved in the use of force?			<input type="checkbox"/> Yes	<input type="checkbox"/> No (if yes, list below)		
			Did force ease arrest? (explain below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

OC Spray

Did any other officer spray?		<input type="checkbox"/> Yes	<input type="checkbox"/> No (if yes, who?)		
Were any bystanders affected by spray?		<input type="checkbox"/> Yes	<input type="checkbox"/> No (if yes, explain below)		
		Did spray ease arrest? (explain below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did canister operate properly?		<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, explain below)		
		Were you or other officers affected by spray?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe injuries:					

ASP Baton

Did any other officer use ASP during arrest?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
List officers involved:		Did ASP usage ease arrest? (explain below)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did ASP operate properly?		<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, explain below)	Injuries?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe injuries:							

Firearms

Department issued weapon?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved extra weapon?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other?		<input type="checkbox"/> Yes	<input type="checkbox"/> No (explain below)		
Weapon: make / model / serial number / caliber / capacity						Other:							
Did weapon operate properly?						<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, explain below)	How many officers involved in incident?		Injury to officer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe injuries:													

Firearm Discharge

Type of Discharge:													
Number of Rounds Discharged: _____													
Accidental <input type="checkbox"/> Intentional <input type="checkbox"/>													
Number of Hits:				Number of Misses:				Range:					
Target Hit:				Person Wounded:		Person Deceased:		Location of Wound:					
None	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Head	<input type="checkbox"/>	Arm	<input type="checkbox"/>	Side	<input type="checkbox"/>
Person	Yes <input type="checkbox"/>	No <input type="checkbox"/>						Chest	<input type="checkbox"/>	Leg	<input type="checkbox"/>		
Vehicle	Yes <input type="checkbox"/>	No <input type="checkbox"/>						Stomach	<input type="checkbox"/>	Back	<input type="checkbox"/>		
Structure	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Animal Deceased:									
Animal	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes what kind? _____							
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>											

Investigating Supervisor's Findings:	
Did the officer pull in Code 17-F? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Investigating Supervisor's signature	Date	Watch Commander's signature	Date
Assistant Zone Commander's signature	Date	Section Commander's signature	Date

Forward **original** supplement form to:

☐ Central Records